BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | | SERIAL NO. 10/763,340 | | | | | FILING DATE | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | APPLICANT(S) | | | | | | | |

6-15-05

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IND | DEP | IND | DEP | IND | DEP | | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | | |

**CLAIMS ONLY**

Application Number: 10/763 340

Filing Date:

Applicant(s):

\* May be used for additional claims or amendments

| CLAIMS | AS FILED 6-15-05 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | \* | | \* | | \* | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
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| 149 | | | | | | | 199 | | | | | | |
| 150 | | | | | | | 200 | | | | | | |
| Total Indep | 3 | | | | | | Total Indep | | | | | | |
| Total Depend | 44 | | | | | | Total Depend | | | | | | |
| Total Claims | 47 | | | | | | Total Claims | | | | | | |